

Section 1. Section **58-37f-304** is amended to read:

25

26	58-37f-304. Database utilization.
27	(1) As used in this section:
28	(a) "Dispenser" means a licensed pharmacist, as described in Section 58-17b-303, or
29	the pharmacist's licensed intern, as described in Section 58-17b-304, who is also licensed to
30	dispense a controlled substance under Title 58, Chapter 37, Utah Controlled Substances Act.
31	(b) "Outpatient" means a setting in which an individual visits a licensed healthcare
32	facility or a healthcare provider's office for a diagnosis or treatment but is not admitted to a
33	licensed healthcare facility for an overnight stay.
34	(c) "Prescriber" means an individual authorized to prescribe a controlled substance
35	under Title 58, Chapter 37, Utah Controlled Substances Act.
36	(d) "Schedule II opioid" means those substances listed in Subsection 58-37-4(2)(b)(i)
37	or (2)(b)(ii).
38	(e) "Schedule III opioid" means those substances listed in Subsection 58-37-4(2)(c)
39	that are opioids.
40	[(2) (a) A prescriber shall substantially comply with this Subsection (2).]
41	[(b) Except as provided in Subsection (2)(b), a]
42	(2) (a) A prescriber shall check the database for information about a patient before the
43	first time the prescriber gives a prescription to a patient for a Schedule II opioid or a Schedule
44	III opioid.
45	[(c) A prescriber is not required to check the database under Subsection (2)(b) if:]
46	[(i) the prescription for a Schedule II opioid or a Schedule III opioid is for three days or
47	fewer on the daily dosage instructions on the prescription;]
48	[(ii) the prescriber has prior knowledge of the patient's prescription history based on
49	the prescriber's review of the patient's health record; or]
50	[(iii) the prescription for a Schedule II opioid or a Schedule III opioid is a post surgical
51	prescription and the total duration of opioid written after the surgery has been for 30 days or
52	fewer.]
53	[(d)] (b) If a prescriber is repeatedly prescribing a Schedule II opioid or Schedule III
54	opioid to a patient, the prescriber shall periodically review information about the patient in:
55	(i) the database; or
56	(ii) other similar records of controlled substances the patient has filled.

57	[(e)] (c) A prescriber may assign the access and review required under [Subsections
58	(2)(b) and (2)(c)] Subsection (2)(a) to one or more employees in accordance with Subsections
59	58-37f-301(2)(i) and (j).
60	[(f) The division shall not take action against the license of a prescriber for failure to
61	follow this Subsection (2) if the prescriber demonstrates substantial compliance with the
62	requirements of this Subsection (2).]
63	(d) (i) A prescriber may comply with the requirements in Subsections (2)(a) and (b) by
64	checking an electronic health record system if the electronic health record system:
65	(A) is connected to the database through a connection that has been approved by the
66	division; and
67	(B) displays the information from the database in a prominent manner for the
68	prescriber.
69	(ii) The division may not approve a connection to the database if the connection does
70	not satisfy the requirements established by the division under Section 58-37f-301.
71	(e) A prescriber is not in violation of the requirements of Subsection (2)(a) or (b) if the
72	failure to comply with Subsection (2)(a) or (b):
73	(i) is necessary due to an emergency situation;
74	(ii) is caused by a suspension or disruption in the operation of the database; or
75	(iii) is caused by a failure in the operation or availability of the Internet.
76	(f) The division may not take action against the license of a prescriber for failure to
77	comply with this Subsection (2) unless the failure occurs after the earlier of:
78	(i) December 31, 2018; or
79	(ii) the date that the division has the capability to establish a connection that meets the
80	requirements established by the division under Section 58-37f-301 between the database and an
81	electronic health record system.
82	(3) The division shall, in collaboration with the licensing boards for prescribers and
83	dispensers:
84	(a) develop a system that gathers and reports to prescribers and dispensers the progress
85	and results of the prescriber's and dispenser's individual access and review of the database, as
86	provided in this section; and
87	(b) reduce or waive the division's continuing education requirements regarding opioid

prescriptions, described in Section 58-37-6.5, including the online tutorial and test relating to the database, for prescribers and dispensers whose individual utilization of the database, as determined by the division, demonstrates substantial compliance with this section.

- (4) If the dispenser's access and review of the database suggest that the individual seeking an opioid may be obtaining opioids in quantities or frequencies inconsistent with generally recognized standards as provided in this section and Section 58-37f-201, the dispenser shall reasonably attempt to contact the prescriber to obtain the prescriber's informed, current, and professional decision regarding whether the prescribed opioid is medically justified, notwithstanding the results of the database search.
 - Section 2. Section **58-37f-701** is amended to read:

58-37f-701. Immunity from liability.

- (1) An individual who has submitted information to or accessed and reviewed the database in accordance with this chapter may not be held civilly liable, including under Title 78B, Chapter 3, Part 4, Utah Health Care Malpractice Act, for such actions, or a lack of action, which are protected and are not subject to civil discovery, as provided in Section 58-37f-302.
- [(2) Notwithstanding any other provision of law, any action or lack of action by a prescriber or dispenser to meet the requirements of Section 58-37f-304 may not be used by the division in any action against the prescriber or dispenser.]
- [(3)] (2) Nothing in Section 58-37f-304 establishes a minimum standard of care for prescribers and dispensers.